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| SERIAL NUMBER<br>10/805,082 | FILING DATE<br>03/19/2004<br><br>RULE | CLASS<br>399 | GROUP ART UNIT<br>2859 | ATTORNEY<br>DOCKET NO.<br>2002-0788.02/4670-167 |
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

None TMR

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None TMR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/02/2004

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>KY | SHEETS<br>DRAWING<br>9 | TOTAL<br>CLAIMS<br>22 | INDEPENDENT<br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged<br><i>[Signature]</i><br>Examiner's Signature Initials  |                           |                        |                       |                            |

## ADDRESS

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40550

## TITLE

TONER CARTRIDGE HAVING REDUCED TONER CAPACITY AND METHOD OF USING THE SAME

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>892 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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